FY 2007 COMMUNITY MENTAL HEALTH IMPLEMENTATION REPORT

Children Mental Health Implementation

I. Narrative

1. Areas which the State identified in the prior FY's approved Plan as needing improvement;

While Montana has a rich array of available services for publicly the funded mental health system some serious issues remain: stigma of being a person with and/or raising a youth with a mental illness, a commitment for youth and parental involvement in planning for individual services and policy and planning, lack of prevention and early intervention services, a serious lack of child psychiatrists across the state that are available for publicly-funded youth, lack of adequate community based services and payment mechanisms for those services families find most useful, services that are duplicative and not coordinated, deficit-based rather than strength-based services, and lastly disparity in culturally sensitive services.

The Health Insurance Flexibility and Accountability (HIFA) waiver, if approved, provides slots for those youth with SED that will not qualify for adult mental health services. That waiver was submitted to the Federal Government in 2006. The process is stalled without any indication of a timeline for further negotiations.

2. The most significant events that impacted the mental health system of the State in the previous FY.

In October 2006, the first Children's Mental Health Bureau Chief, Pete Surdock, Jr. retired. Replacing him in March 2007 is Bonnie Adee, Montana's first mental health ombudsman. Bonnie comes to CMHB with a background in education, hospice, administration and advocacy. A former CMHB clinical staff person returned to the Bureau from a two year hiatus. Diane White was the only staff person to transition from AMDD/Mental Health Services Bureau. Her historical perspective and her knowledge is a valuable resources.

$693,000 in general funds dollars was appropriated by the 2007 Legislature to sustain the SAMHSA grant and Montana's system of care. This is viewed as a significant first step in the state's commitment to the on-going implementation of the system of care.

The 2007 Montana Legislature authorized what is known as House Bill 98. This legislation creates a repository for Medicaid general fund match dollars and as well as other funds to be used as a means to provide non-Medicaid funded

services to youth and their families. The vision is to create opportunities for success by offering services to support youth and their families prior to placement in a higher level of care or as a part of a step-down plan back into community. We plan to implement HB98 by spring 2008.

During this reporting period three additional implementation grants (as a part of the SAMSHA grant) were awarded. The Bear Paw KMA is a consortium of Hill County, the Rocky Boy's reservation and the Fort Belknap reservation in north central Montana. The two other funded sites are the Helena Area KMA, and the Butte Silverbow KMA in southwestern Montana. The Missoula contract was terminated by the State in June 2007 for lack of contract compliance.

In December 2006 Montana was chosen as one of ten states to receive a Community-Based Alternative to Psychiatric Residential Treatment Facilities (PRTF).This five-year demonstration grant allows Medicaid dollars to be used to divert youth from residential care. Montana will use wrap-around philosophy as our primary strategy for support and services. The first phase of this demonstration grant will begin in Billings in February 2008.

In May 2007 the Children's System of Care Committee participated in a planning retreat to more clearly define their mission and goals. They've separated into two committees: the mandated State Policy Team, MCA 52-2-203 and the Planning Committee whose primary functions will include oversight of the SAMHSA grant and advising and making recommendations of policy considerations to the State team. This reconstituted SOC committee has energized the membership and will expand our ability to communicate with local groups and enhance the progress towards a meaningful and sustainable system of care for youth.

Children's Mental Health Bureau, in conjunction with the Montana Mental Health Association launched a state-wide media campaign concerning youth and mental illness. The messages, delivered by real Montanans about their emotional and family struggles, attempt to reduce stigma by putting a face to the issue and hope for their futures. 1136 thirty seconds television spots were aired in seven communities across Montana. Fifty radio stations in fourteen Montana communities and one western North Dakota community aired 4014 thirty second radio spots. This represents the first six month of a year long campaign.

Targeted youth case management is undergoing a significant revision in how the state administers the service. Sixty units (15 hours) of targeted case management will be allowed. Then a prior authorization for additional services will be required and will include a review of the seriously emotionally disturbed criteria to ensure youth meet the medical necessity and diagnostic criteria for ongoing services.

In an effort to support prevention and early intervention, youth without an SED diagnosis will be allowed up to twenty-four (24) outpatient individual and family therapy and unlimited group therapy sessions per fiscal year.

First Health of Montana holds the utilization review contract for children's mental health services in Montana. They have five masters prepared coordinators across the state. Previously two regional care coordinators (RCC) were stationed in Region V- western Montana. One of those positions was moved to cover the eastern third of the state- Region I. Now the RCC regions match those of the children's mental health regional staff.

The Billings community opened the Billings Crisis Center in the past year. Although primarily for adults, this facility serves as a referral source for youth in crisis. It's seen as an integral part of the service delivery array for youth in the Billings area.

In April 2007, the Kids Integrated Database (KIDS) system was created to help track and collect outcome measures of youth served by the five granted KMA sites. Using a web interface this database allows for the team, including the caregivers to access a youth's electronic file in real time from their own computer. It is the first system allowing for data integrated service planning across agencies given the proper releases are in place. Use of the database has begun in Crow and Yellowstone. The system will be used by the other granted sites and non granted sites who chose to track their families electronically.

In June 2007, the Yellowstone County KMA and the Children's Mental Health Center sponsored three-day System of Care training. 158 participants including 23 parents and youth attended. Gary DeCarolis was the keynote and featured speaker.

The Apsolaaska Healing to Wellness grant site and the Children's Mental Health Bureau are forging a strong partnership to infuse the principles of systems of care, native culture and practice, and mental health and wellness into our system. One staff member has translated western mental health diagnosis into her native language so families can understand the meaning and implications. The hope is that native healing and western medicine can combine to improve the outcomes of the native youth and their families.

A first of its kind web-based 'matrix' is nearing completion. In-Care Network, the state's contracted cultural advisor has developed a database of traditional western mental health diagnosis that then is translated into behaviors and interventions recognized by each of the seven sovereign nations in Montana. The site is rich in native culture and practice. It honors the native ways of healing and mental health.

3. A report on the purposes for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Mental Health Block grant dollars are not expended for Children's services in Montana.

Adult Mental Health Implementation

1. Summary of Areas Previously Identified by State as Needing Improvement.

Montana is a geographical large state with a population of less than one million. Montana's providers have been dedicated and resourceful in providing needed public mental health services through the state. Montana continues to move in the transformation of its mental health service system. This transformation will bring service provision more directly aligned with the New Freedom Commission directives in providing and consumer and family driven system of care.

The Addictive and Mental Disorders Division has taken the New Freedom Commission Report to heart. Given this direction, the mental health system in Montana continues to evolve and develop necessary tools for a consumer driven and recovery focused system. The areas identified in the FY 2007 Block Grant application as needing improvement are: access to services, recovery focused system, crisis services, transition services, and services specific to special populations.

Access to services which includes medically indigent services, access to psychiatrists, Health Insurance Flexibility Accountability (HIFA) waiver, and admission criteria to MSH was the first issue described in the FY 2007 Block Grant application. The 2007 Legislative session approved 2.5 FTE Community Liaison Officer positions. This proposal provides for five halftime employees who will be based in the community to mentor current and recently discharged patients from Montana State Hospital, assure that these consumers are able to get to referred services, and provide assistance in accessing needed services, supports, and resources in the community. The goal is to provide community support for meeting the recommendations of the hospital discharge plan and re-integrating into the community. It is anticipated that these positions will be filled with primary consumers that can provide a unique perspective on recovery and community reintegration.

Other projects, addressing access to services, approved by the 2007 Legislature are 72 hour presumptive eligibility for individuals in crisis, an expansion of the Mental Health Services Plan (MHSP), and Behavioral Health Inpatient Facility

(BHIF). The 72 hour crisis stabilization will provide 72-hour presumptive eligibility and payment for crisis stabilization services in the community setting, and enhance the use of telemedicine services to increase availability of mental health professionals on a 24/7 basis. The MHSP expansion proposal provides for additional funding for MHSP, state funded mental health services for adults who are not eligible for Medicaid, have incomes under 150% of federal poverty level, and who have been determined to have a severe disabling mental illness. The BHIF proposal provides for one time only funding in the second year of the biennium. The BHIF is a sixteen or fewer bed facility that provides a secure site for inpatient treatment. It may be either a free standing facility or attached to a hospital. It is intended as a community alternative for patients who would otherwise be transported to the state hospital.

The HIFA waiver was submitted June 2006 and is being reviewed by the Center for Medicare and Medicaid. It is unknown when or if this waiver will be approved.

The second issue discussed was transforming the mental health system to a recovery focused system. This included increasing housing and employment opportunities, increasing the approval rate at first application for social security disability benefits, and developing peer services. Montana has incorporated strength based and recovery oriented services in the mental health system. Mental Health Services Bureau (MHSB) provided funding for twenty persons to attend facilitator training for Wellness Recovery Action Plan (WRAP) in February 2007. Over 100 persons have received training in WRAP in Miles City, Great Falls, Butte, Bozeman, Choteau, Havre, and Billings. WRAP training is a covered service for those enrolled in the Home and Community Based SDMI Waiver.

Addictive and Mental Disorders Division (AMDD) has a cooperative agreement at the state level with the Montana Vocational Rehabilitation (MVR) Services Program. This long-standing agreement outlines their commitment to both supported and transitional employment programs and has been in place since the inception of supported employment in Montana. The Department received funding from the Department of Labor to develop the infrastructure within the Department to allow persons to work and keep Medicaid. Fear of losing Medicaid is the primary barrier for persons returning to work.

SSI/SSDI Outreach, Access and Recovery (SOAR) training has been offered to case managers and supervisors in mental health and substance abuse agencies and Health Care for the Homeless staff. In FY 2007, four trainings have been offered in Helena, Missoula, Billings, and Whitefish with over 100 persons trained. Case managers, after receiving training, report many more of their applications have been approved faster and without appeals.

Montana Mental Health Center has a full time housing developer. This person has been on staff since the early 1990s. The center has numerous housing options available in the Missoula area. They include: Single Room Occupancy

(SRO) apartments, apartments, group homes, detoxification unit, half way house for co-occurring, housing units for women and children, and condominiums available for home ownership. The housing specialist has assisted other communities such as Butte, Hamilton, and Kalispell in expanding housing options.

South Central Mental Health Center in Billings has group homes with onsite supervision and one cooperative living facility in which case managers check on residents instead of an onsite supervisor. The Center has good relationships with the Housing Authority and landlords. The Mental Health Center has received PATH technical assistance in developing a Safe Haven housing project.

The Center for Mental Health operates group homes and foster care homes.

A.W.A.R.E., Inc. has a fulltime housing developer. They have adult group homes available in Butte, Glendive and Great Falls. The group home housing has followed the universal design and appears as a duplex with common community areas. They have a capacity of eight persons for each home.

Community mental health centers utilize shelter plus care vouchers that allow persons with mental illness to access housing in addition to the services available in the community. The communities of Billings, Missoula, Helena, and Butte have access to these vouchers through the public housing authorities. In addition, the mental health centers in Missoula and Helena have their own shelter plus care vouchers. A total of 170 shelter plus care vouchers are available with an additional 131 vouchers were requested in 2007.

The Department of Commerce, Housing Division has received twelve shelter plus care vouchers. These vouchers are available directly to PATH programs to manage. A collaborative relationship is developing between the Department and the Department of Commerce. Presently, five persons are placed using the shelter plus care vouchers. They are in Bozeman, Kalispell, Great Falls, and Billings. Kalispell, Bozeman, and Great Falls have never had direct access to shelter plus care vouchers.

The third issue identified is crisis services which includes suicide prevention. The Mental Health Services Bureau (MHSB) community program officers work in local communities to plan for and implement crisis services. The MHSB works closely with the SAAs, LACs, and Mental Health Oversight Advisory Council, county and city officials, providers and other stakeholders to develop and improve crisis services.

In a collaborative effort between the mental health center, St. Vincent Hospital, Billings Clinic, and the City/County Health Department a Community Crisis Center has been established to provide crisis services 24/7 with the capability of having a person in crisis receive care up to 23 hours. After three years of

collaboration the center opened in May 2006. St. Vincent Healthcare and Billings Clinic fund all the operational costs for the Community Crisis Center. The Community Crisis Center is a Limited Liability Corporation with each agency providing core staff.

In addition, Billings Clinic Behavioral Health (consisting of 9 full-time psychiatrists) partners with the South Central Montana Regional Mental Health Center and two private practice psychiatrists to provide on-call and psychiatric services to Billings and the Eastern region.

NAMI and the Helena Local Advisory Council (LAC) sponsored CIT training in Helena and at the Law Enforcement Academy. The Billings Crisis Center and MHSB sponsored Crisis Intervention Team (CIT) training in May and again in September. The Missoula community is investigating the possibility of sending a team to Memphis to be trained as trainers. This would establish CIT trained officers in each SAA.

Another model used for crisis is the Crisis Response Team (CRT). Members of the team are dedicated clinicians whose job is to respond to crisis calls in the community, at the local emergency room, or in the detention center. Teams are operational in Kalispell, Missoula, Butte, Helena, and Bozeman/Livingston.

The eastern part of the state which is two-thirds of the land area of Montana and has less than six persons per square mile continues to lack coordinated crisis services. This area has vast distances between communities and services.

The FY 2007 Legislative session funded a suicide prevention coordinator position that will coordinate all suicide prevention activities conducted by the Department and other state agencies and develop a state plan on suicide prevention.

The fourth issue was transition services. The Department of Public Health and Human Services has convened an intradepartmental service coordination workgroup. The group meets monthly to work on developing a process for providing services across divisions to individuals who are dually diagnosed, TBI, children and adults. The immediate tasks of the group include developing a Memorandum of Understanding and mission statement, establishing a budget process, identifying individuals before they are in crisis, and a process to ensure key players are involved in discharge planning.

Montana was one of six states involved in the 2005-2007 National Governors Association Policy Academy to Improve Outcomes for Young Adults with Disabilities. To ensure the State's participation results in systemic change, the Governor convened a task force to work toward creating a comprehensive, cohesive transition system. The task force includes representatives from many state agencies, universities, advocacy organizations and young people with

disabilities. AMDD's Administrator and Mental Health Services Bureau Clinical Program Manager are members of this task force.

The final issue was addressing the needs of special populations. In reviewing our data, it appears that 1389 persons 75 years of age and over and 872 persons 65 – 74 years of age were served in FY 2007. The primary diagnosis is dementia and Alzheimer.

The frontier area of Montana is a special population that needs to be addressed. The Eastern Montana Telemedicine Network has been operational since September 1993 and presently has nineteen partner sites in Montana and 2 sites in Wyoming. Telemedicine ensures a continuum of mental health care throughout Eastern and Central Montana. Ninety-four percent of the patients seen over telemedicine were retained in their local community. Ninety-six percent of the providers identified that consumers seen over telemedicine would have been referred out of the community if the technology had not been available. Mental health services provided include: medication review; follow up visits to monitor progress; discharge planning; individual and family therapy; emergency consultation; and employee assistance.

2. *Most Significant Events that Impacted the State Mental Health System in the Previous Fiscal Year.*

AMDD has received approval from the Centers for Medicare and Medicaid Services (CMS) for a home and community based waiver for adults age 18 and over with severe disabling mental illness (SDMI) who, without the waiver services, would be in nursing homes. The SDMI waiver is not available statewide and there is a capacity for 105 slots. An additional 20 slots were approved by the 2007 Legislative session. The SDMI waiver is operational in Billings (and surrounding counties); Great Falls (and surrounding counties); and Butte (including surrounding counties). The waiver team in each core site consists of a nurse who contracts with Senior Long Term Care Division and subcontracts with a social worker from a mental health center who will provide case management services. The SDMI waiver services include case management, Wellness Recovery Action Plan (WRAP), Illness management and recovery program, non-medical transportation, specialized medical equipment and supplies, personal emergency response system, adult day health, respite, private duty nursing services, day habilitation, prevocational services, supportive employment, additional occupational therapy, adult residential care, habilitation aide, chemical dependency counseling, residential and day habilitation, supported living, personal assistance and specially trained attendants, psychosocial rehabilitation, and case management.

The 2007 Legislature earmarked funds for several new programs to provide services to Montana residents who have a mental illness or a chemical addiction. In addition, some current programs received more funding. Overall, the budget

of the Addictive and Mental Disorders Division received an increase of $36,675,974 in new services funding for the biennium (July 1, 2007 – June 30, 2009. An additional $30,769,299 was allocated for present law adjustments – changes to the level of funding for programs already in place, for items such as cost increases in Medicaid programs, modified staff positions, etc. Some of the major new programs include:

- ✓ **Residential services for methamphetamine and other chemical dependency**: this initiative will provide for the development of 8 residential settings across the state to provide 9-18 months of residential and other support services for persons with chemical addictions. Each residence will serve 8 individuals. Funding will be allocated based on responses to a Request for Proposal. $4 million for the biennium.

- ✓ **72-hour presumptive eligibility for crisis services**: this initiative will provide payment for up to 72 hours of crisis stabilization services in either hospital or community settings. It includes the provision of round-the-clock televideo psychiatric assessment and support. $4 million for the biennium.

- ✓ **Mental Health Drop-in centers**: this initiative provides funding for several drop-in centers in the state. Currently the only drop-in center in the state is in Billings. Funding will be allocated based on responses to a Request for Proposal. $743,294 for the biennium.

- ✓ **Community Liaison Officers (CLOs):** 5 half-time staff positions will be filled with individuals who have a mental illness. Their responsibilities will include providing re-integration support services to individuals who have been discharged from the Montana State Hospital, and to people who have received crisis stabilization services. $274,522 for the biennium.

- ✓ **Behavioral Health Inpatient Facility (BHIF):** this initiative provides funding, available July 1, 2008, for a BHIF – a facility that houses 16 or fewer individuals who require inpatient care for their mental illness. $3 million one-time-only funding.

- ✓ **Mental Health Services Plan (MHSP):** we currently have a MHSP program, which provides a limited amount of services to individuals who have a Severe and Disabling Mental Illness, who are not Medicaid eligible and have incomes no more than 150% of the Federal Poverty level. $5.2 million additional funds for the biennium.

- ✓ **Suicide prevention**: this initiative provides for a Suicide Prevention Coordinator, who will be responsible for developing a statewide suicide

prevention plan and funding of a 24/7 suicide hotline. $800,000 for the biennium.

- ✓ **Home and Community Based Services (HCBS) waiver**: this initiative provided funds to add 20 slots to the 105 slots previously authorized. $1.6 million for the biennium.

- ✓ **Other major new funding:** the Legislature also provided funding for other initiatives such as provider rate increases, wage increases for direct care workers, additional staff at Montana State Hospital and Montana Chemical Dependency Center, annualization of the HCBS program and Medicaid caseload adjustments. $30.7 million for the biennium.

3. A report on the purposes for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Funds (FY 2007)	MHSP	Block Grant	Pharmacy
Eastern Montana MHC	461,544	159,854	6,829
Center for Mental Health MHC	722,876	258,225	16,608
South Central MHC	747,801	269,365	17,543
Western Montana MHC	1,500,925	541,044	34,020
TOTAL	3,433,146	1,228,429	75,000

Below are the services funded through block grant funds and general funds which is the Mental Health Services Plan (MHSP). The Medicaid funded services are included in the second chart.

Mental Health Services Plan Recipients by Service

Services	FY 06 Individuals	FY 07 Individuals*	FY 06 Net Payments	FY 07 Net Payments*
Community Mental Health	805	659	$2,289674	$1,690,738
Licensed Professional Counselor	2594	1885	$ 618,190	$ 390,805
Mid-Level Practitioners	295	441	$ 48,932	$ 74,665
Psychiatrists	1938	1547	$ 788,691	$ 501,954
Psychologists	183	91	$ 43,762	$ 14,540

Social Workers	1796	1462	$ 656,644	$ 287,550
Targeted Case Management	2657	2228	$3,388,607	$1,873,277
Pharmacy Program	3473	3037	$3,068,269	$2,721,478
Total	13741	11350	*$10,902,769.00*	*$7,555,008.00*

Pharmacy program recipient and costs are based on actual paid claims. Other service cost and recipient counts are based on encounter data.

Medicaid Mental Health Services by Services and Paid Claims

Services	**FY 06 Individuals**	**FY 07 Individuals***	**FY 06 Net Payments**	**FY 07 Net Payments***
Community Mental Centers	1984	1864	$14,573,726	$13,390,748
Inpatient Hospital	681	734	$14,551,054	$4,959,000
Licensed Professional Counselors	3481	3205	$1,231,896	$1,068,647
Physicians	5893	5174	$503,573	$472,753
Psychiatrists	4155	3716	$1,527,152	$1,321,750
Psychologists	941	798	$252,452	$225,860
Social Workers	2152	1885	$616,445	$477,192
Lab and x-ray	429	361	$29,943	$27,273
Personal Care	247	245	$1,301,284	$1,276,880
Federally Qualified Health Centers	1262	1136	$260,321	$248,477
Rural Health Clinics	772	691	$152,172	$148,567
Mid-Level Practitioners	2516	2225	$315,997	$245,981
Targeted Case Management	3701	3446	$9,576,179	$8,446,088
Outpatient Hospital	2618	2577	$2,222,747	$2,358,846

TOTAL	13,554	13,150	*$47,114,941.00*	*$34,668,062.00*

Source: ACS 701Reports and ACS Query Path Decision Support Software

* Information is not complete. Information is through July 15, 2007. Providers have 365 days to file a claim.

II. Performance Indicators - Children

CRITERION 1: Comprehensive Community-Based Children's Mental Health Service Systems

Goal One: **Design, implement and support a community-based system of care for youth and their families.**

Indicator One: Strengthen community collaboration and capacity.

Measure: Baseline indicator.
Numerator: Number of attendees at KMAs across the state.

Source: Attendance sheets from local KMAs. Start date is July 1 2006.

Significance: Community stakeholder participation is critical to the success of a community-based system of care. Collaboration and partnership building is the foundation for local system development.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual *	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator		100%	100%	90%	90%
Numerator	---	**1536**	**1920**	1730	1730
Denominator	---	**1536**	**1920**	1920	1920

*Indicator added in 2006

Special Issues: **Target not achieved. KMA attendance has decreased with the loss of funding for several**

local communities. Lack of local coordination results in less participation.

Accomplishments: **Given the funding, geographic and weather challenges posed in Montana, to have such success in local KMA attendance is remarkable. This shows a commitment to the KMA process.**

Indicator Two: Identify and/or create funding sources.

Measure: Baseline indicator
Numerator: In-kind and hard matched funds for KMAs.

Source: Invoices and match documents sent to CMHB

Significance: Document local support and begin building for sustainability across time.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual *	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator		**45%**	**100%**	56%	56%
Numerator	---	**$149,921**	$854,250	$479,886	$479,886
Denominator	---	**$333,000**	**$854,250**	$854,250	$854,250

*Indicator added in 2006

Special Issues: **Target not achieved. Reason for not meeting target is the state didn't draw down the allotted federal funds.**

Accomplishments: **Local efforts to identify and obtain match has exceeded expectations. Montana Legislature funded systems of care in the 2007 Legislature for use in FY 2008.**

Indicator Three: Conduct broad-based community assessments at SAMHSA funded sites; profile local gaps, strengths, and assets; and locate and/or establish needed resources within the community.

Measure: 6 of 6 SAMHSA granted communities complete services inventory assessment and gaps analysis in the first year of their individual funding cycle.
Numerator: Number of granted communities completing the tasks
Denominator: Total number of granted communities.

Source: Service inventory assessments and gaps analysis reports provided from the granted communities to CMHB.

Significance: In order to enhance the system of care, we must identify strengths and gaps in service delivery to SED youth and their families at the community level. A primary goal of the system of care is to keep youth at home and in their communities.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual *	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---		100	100%	100%
Numerator	---	3**	5	5	5
Denominator	---	6	5	5	5

*Indicator added in 2006
**Missoula's contract was discontinued

Special Issues: **Target achieved. One community contract was terminated by the State prior to the completion of the community assessment so we'll only have complete data on five (5) communities.**

Accomplishments: All six communities completed the initial stage of inventory creation. We have access to five of the six communities' data. Most communities have taken it one step further and created a community resource guide for parents.

Goal Two: **Increase family involvement at all levels of the System of Care.**

Indicator One: Of those respondents to the survey, 80% of SED youth and their families receiving community-based services will report they've been involved in their treatment planning.

Measure: Numerator: Number of SED youth and their families who indicate agree or strongly agree they have been involved in their treatment (MHSIP survey questions 15 and 24).
Denominator: Total number of SED youth and their families who receive community based mental health services.

Source of Information: Statewide aggregate data from the Consumer Satisfaction Survey.

Significance: Empowering youth and families to take an active role in treatment increases potential long term success and change.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target (est.)	FY2007 Actual	FY 2007 % Attained
Performance Indicator	80%	86%	80	*	*
Numerator	89	412	400	----	---
Denominator	90	480	500	500	---

*2007 MSHIP results have not been tabulated

Special Issues: Target achieved but results are one year behind.

Accomplishments: The increase in respondents gives a more accurate picture of how services are perceived by families.

Indicator Two: Increase family participation at system development levels: Community KMAs, System of Care Committee and Mental Health Oversight Advisory Council.

Measure: Baseline indicator
Numerator: family member participant
Denominator: total number of participants

Source of Information: Attendance sheets from Mental Health Oversight Advisory Council, System of Care Committee, KMAs and Systems of Care workgroups.

Significance: Family and youth participation is a cornerstone of the system of care empowering families and youth to be

equal partners. Having those directly impacted by SED youth at the table changes the conversation, increases the richness of our understanding, and provides belief the system can work.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	*FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	20%	30%	33%	110%
Numerator	---	316	590	662	33*100
Denominator	---	1584	1968	2005	30

*Indicator added in 2006

Special Issues: Target achieved.

Accomplishments: Efforts to include families in local and state policy and planning is gaining momentum. Reimbursement for travel, child care and other expenses reduces the barriers to participation.

Goal Three: **Integrate a wrap-around philosophy into the service delivery.**

Indicator One: Complete comprehensive community service inventory in the six SAMHSA granted sites to identify service gaps and needs.

Measure: 6 of 6 SAMHSA granted communities complete services inventory assessment and gaps analysis in the first year of their individual funding cycle.
Numerator: Number of granted communities completing the tasks
Denominator: Total number of granted communities

Source: Service inventory assessments and gaps analysis reports provided from the granted communities to CMHB.

Significance: Implementing wrap-around services for SED youth and their families must begin with identification of those services families and youth find helpful but are not accessible across the state.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	3	100	100%	100%
Numerator	---	3**	5	5	5
Denominator	---	6	5	5	5

*Indicator added in 2006
**Missoula's contract was discontinued

Special Issues: Target achieved.

Accomplishments: This survey gives a comprehensive view of services available and service gaps. Most communities have produced resource guides.

Indicator Two: Identify wraparound services inventory in the six granted communities based on community services inventories.

Measure: Baseline indicator
Numerator: Services indicated as lacking in the community services inventories.
Denominator: All services identified in the services inventory.

Source of Information: Community services inventory

Significance: Providing a wider array of appropriate community wrap-around services decreases the need for higher levels of care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	3	100	100%	100%
Numerator	---	3**	5	5	5
Denominator	---	6	5	5	5

*Indicator added in 2006
**Missoula's contract was discontinued

Special Issues: Target achieved.

Accomplishments: Identifying a traditional and non-traditional service array is the first step in creating true wrap-around system for families.

Indicator Three: Use of flexible funding to provide non-traditional services to SED youth and their families.

Measure: The amount of money spent on flexible services.

Numerator: Amount of dollars spent in each granted community for non-traditional services.

Significance: Non-traditional and creative mental health services increase positive outcomes and will increase the likelihood that SED youth will remain with their families and in their communities.

Source: Financial reports submitted by the grant sites.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	*FY2005 Actual	*FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	100%		0
Numerator	---	---	$90,000	0	---
Denominator	---	---	$90,000	59,620	---

*Service dollars were not available.

Special Issues: Target not achieved. Yellowstone and Apsalookaa KMAs did not utilize available service dollars. Issues of what would be reimbursed by the state prevented meaningful use of these dollars as intended by SAMSHA. In addition, the Missoula contract was terminated.

Accomplishments: Procedures from the Fiscal Bureau are now available and clearer about what can be reimbursed. Also, non-funded sites have used other dollars to fund services to families (Kalispell and Bozeman).

Indicator Four**:** To reduce the percentage publicly funded inpatient psychiatric residential treatment facility placements in out-of-state facilities by 25% in SFY2007.

Measure: Numerator: The number of youth (unduplicated count) placed into out-of-state inpatient psychiatric residential facilities during SFY 2007.
Denominator: The total number of youth under 18 years (unduplicated count) of age placed under Medicaid funding into inpatient psychiatric residential treatment during SFY 2007.

Source of Information: Montana MMIS database.

Significance: The closer a youth is to his/her family; the more likely the family is able to participate in treatment, the shorter the length of stay and the higher potential for family reunification.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	*FY2007 Actual	FY 2007 % Attained
Performance Indicator	7%	15%	15%	15%	110%
Numerator	36	63	116	57	---
Denominator	469	465	465	389	---

*Number based on Query from 08/31/2007. Providers have 365 days to submit a claim for services rendered. All of the expenditures for these services may not be reflected.

Special Issues: Target achieved.

Accomplishments: Percentages of youth in residential treatment have remained stable.

Indicator Five: Maintain/stabilize the overall residential treatment center population to 5%.

Measure: Numerator: The number of youth (unduplicated count) placed into in and out-of-state inpatient psychiatric residential facilities during SFY 2006.
Denominator: The total number of SED Medicaid youth under 18 years (unduplicated count) of age during SFY 2006.

Source of Information: Montana MMIS database.

Significance: Treating SED youth in or near their home communities increases chance for successful outcomes and reduces the high cost of hospital care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	5%	5%	5%	4%	101%
Numerator	469	465	474	389	---
Denominator	9480	9551	9500	9443	---

Special Issues: Target achieved.

Accomplishments: Communities and residential treatment facilities are committed to targeted care with return to community as quickly as possible.

Indicator Six: Decrease the rate of children discharged from residential treatment who is readmitted within 30 days.

Measure: Numerator: Number of children readmitted to residential treatment within 30 days.
Denominator: Total number of residential discharges.

Source of Information: Admission/discharge data from residential treatment centers.

Significance: Rapid recidivism may reflect ineffective or inadequate community services or support/education to the family, very serious emotional disturbance, premature discharge or noncompliance.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	7.6%	6.6%	6%	6.6%	90%
Numerator	34	31	28	26	---
Denominator	449	465	465	389	---

Special Issues: Target not achieved. Results however are not statistically significant due to the low number of youth served.

Accomplishments: 30 day recidivism is stabilized.

Indicator Seven: Decrease the percentage of children discharged from residential treatment readmitted within 180 days.

Measure: Numerator: Number of children readmitted to residential treatment within 180 days.
Denominator: Total number of residential discharges.

Source of Information: Admission/discharge data from residential treatment centers.

Significance: Rapid recidivism may reflect ineffective or inadequate community services or support/education to the family, very serious emotional disturbance, premature discharge or noncompliance.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	2.2%	2.2%	2%	2.2%	90%
Numerator	10	10	9	9	---
Denominator	442	465	465	389	---

Special Issues: Target not achieved. Results however are not statistically significant due to the low number of youth served.

Accomplishments: The number of youth returning to RTC at 180 days is extremely low. This supports the commitment by the RTC to adequate treatment and community reintegration as well as community commitment to supporting families and youth close to home.

Goal Four: Ensure respectful and culturally competent services within the system of care.

Indicator One: 65% of the children with SED and their families who receive case management services under Medicaid will report overall positive outcomes for their family.

Measure: Numerator: The number of respondents who answer "Agree" or "Strongly Agree", to #1 survey.
Denominator: The number of respondents to the survey.

Source of Information: Statewide aggregated data from the Consumer Satisfaction Survey. 1975 surveys were mailed in 2005 without stamped return envelopes significantly decreasing the response rate.

Significance: Effective case management services allow parents to increase self management skills and self reliance, enhance or attain self advocacy skills, develop networking capacity, and reduces stigma for families and in communities.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	70%	80%	65%	*	*
Numerator	157	387	325	----	---
Denominator	224	485	500	500	---

*2007 MSHIP results have not been tabulated

Special Issues: Target achieved. Targets are one year behind.

Accomplishments: The increase in respondents gives a more accurate picture of how services are perceived by families.

Indicator Two: 70% of families respond that the services they received were respectful of their individual or family's culture.

Measure: Numerator: Number of respondents who respond "agree or "strongly agree" to questions 25, 27, 29 of the Consumer Satisfaction Survey.

Denominator: Total number of respondents on questions 25, 27, & 29.

Source of Information: Statewide aggregated data from the Consumer Satisfaction Survey. 1975 surveys were mailed in 2005 without stamped return envelopes significantly decreasing the response rate.

Significance: Respectful treatment of families increases their investment in the process and the system; furthers the goals of system of care by respecting individual families.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	78%	79%	70%	*	*
Numerator	174	378	350	----	---
Denominator	224	485	500	500	---

*2007 MSHIP results have not been tabulated

Special Issues: Target achieved.

Accomplishments: The increase in respondents gives a more accurate picture of how services are perceived by families.

Indicator Three: Increase the number of KMA participants that have had cultural training in the past year.

Measure: Baseline indicator
Numerator: Number of KMA, and SOC members who report they have participated in cultural competency training in SFY2007.

Source of Information: Self report by KMA and SOC membership.

Significance: Cultural competence is central to improving outcomes and respecting family values as well as culture.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	94%	94%	100 %
Numerator	---	---	22	22	22
Denominator	---	---	23	23	23

Special Issues: Baseline. Target for next year will be similar due to the high percentage on the baseline. Survey will be administered to more participants throughout the state.

Accomplishments: 94% is commendable and reasonable to sustain.

Indicator Four: 80% of children with SED and their families who receive community-based services including targeted case management services will report a high cultural sensitivity of staff delivering services.

Measure: Numerator: Number of respondents who respond "agree or "strongly agree" to question 29 of the Consumer Satisfaction Survey. The question reads "staff respected my family's' religious/spiritual beliefs."

Denominator: total number of respondents on questions 29.

Source of Information: Statewide aggregated data from the Consumer Satisfaction Survey. 1975 surveys were mailed in 2005 without stamped return envelopes significantly decreasing the response rate.

Significance: Families who are respected have a higher potential for success.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	85%	67%	80	*	*
Numerator	190	321	400	----	---
Denominator	224	482	500	500	---

*2007 MSHIP results have not been tabulated

Special Issues: 145 Respondents (30%) responded "undecided" for this same question. 16 Respondents (3%) responded "disagree" and "strongly disagree" The results of this survey are of concern; however, the reasons for the responses are unknown.

Accomplishments: The increase in respondents gives a more accurate picture of how services are perceived by families.

Indicator Five: 70% of children with SED and their families who receive community-based mental health services and are surveyed will report a positive perception of access to services.

Measure: Numerator: Number of respondents who respond "agree or "strongly agree" to questions 16, 17, 19, and 20 of the Consumer Satisfaction Survey.

Denominator: Average score of respondents on questions 16, 17, 19, and 20.

Source of Information: Statewide aggregated data from the Consumer Satisfaction Survey. 1975 surveys were mailed in 2006 without stamped return envelopes significantly decreasing the response rate.

Significance: Access to services creates potential for success for youth and their families and can prevent migration to higher levels of care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	75%	63%	70%	*	*
Numerator	168	304	350	----	---
Denominator	224	480	500	500	---

*2007 MSHIP results have not been tabulated

Special Issues: Target not achieved. Tabulations are one year behind.

Accomplishments: Access is directly related to how far families must travel for services. In Montana distance is a huge barrier, in particular crisis services.

CRITERION 2: Mental Health System Data Epidemiology

SED Definition:

FOR CHILDREN AGE 6 – 17

Must meet *one* of the following within the last 12 months as diagnosed by licensed mental health professional (must be moderate/severe):							
	i.	Childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90)			**xi.**	Dysthymic disorder (300.4)	
	ii.	Oppositional defiant disorder (313.81)			**xii.**	Cyclothymic disorder (301.13)	
	iii.	Autistic disorder (299.00)			**xiii.**	Generalized anxiety disorder (300.02)	
	iv.	Pervasive development disorder NOS (299.80)			**xiv.**	Posttraumatic stress disorder (chronic) (309.81)	
	v.	Asperger's disorder (299.80)			**xv.**	Dissociative identity disorder (300.14)	
	vi.	Separation anxiety disorder (309.21)			**xvi.**	Sexual and gender identity disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89)	
	vii.	Reactive attachment disorder of infancy or early childhood (313.89)			**xvii.**	Anorexia nervosa (severe) (307.1)	
	viii.	Schizo affective disorder (295.70)			**xviii.**	Bulimia nervosa (severe) (307.51)	
	ix.	Mood disorder (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89)			**xix.**	Intermittent explosive disorder (312.34)	
	x.	Obsessive-compulsive disorder (300.3)			**xx.**	Attention deficit/hyperactivity disorder (314.00, 314.01, 314.9) when accompanied by at least one of the diagnoses listed above	
AND (Must meet *one* of the following):							
	1.	As a result of the diagnosis determined above, must consistently and persistently demonstrate behavioral abnormality in *two or more* of the following for a period of at least *six months* that cannot be attributed to intellectual, sensory or health factors:					
		i.	Has failed to establish or maintain developmental and culturally appropriate relationships with adult caregivers or authority figures				
		ii.	Has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships				
		iii.	Has failed to demonstrate a developmentally appropriate range and expression of emotion or mood				
		iv.	Has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic or recreation setting				
		v.	Has displayed behavior that is seriously detrimental to the youth's growth development, safety or welfare, or to the safety or welfare of others				
		vi.	Has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment				
or	**2.**	In addition to mental health services, must demonstrate a need for specialized services from at least *one* of the following during the previous *six months*:					
		i.	Education services, due to the diagnosis determined above, as evidenced by identification as a child with a disability as defined in 20-7-401(4), MCA with respect to which the youth is currently receiving special education services				
		ii.	Child protective services as evidenced by temporary investigative authority, or temporary or permanent legal custody				
		iii.	The juvenile correctional system, due to the diagnosis above, as evidenced by a youth court consent adjustment or consent decree or youth court adjudication				
		iv.	Current alcohol/drug abuse or addiction services as evidenced by participation in treatment through a state-approved program or with a certified chemical dependency				

			counselor

FOR CHILDREN AGE 0 – 5

Must exhibit *one or more* of the following for at least *six months* (or is predicted to continue for at least 6 months) which cannot be attributed to intellectual, sensory or health factors and results in substantial impairment in functioning:		
	i.	Atypical, disruptive or dangerous behavior which is aggressive or self-injurious
	ii.	Atypical emotional response which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations
	iii.	Atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent or hypersexual
	iv.	Lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction
	v.	Indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child
	vi.	Inappropriate and extreme fearfulness or other distress which does not respond to comfort by caregivers

Goal One: **To provide medically necessary mental health services to eligible children and adolescents who have Serious Emotional Disturbance (SED).**

Indicator One**:** Maintain an array of community based services for children and adolescents with SED.

Measure: Numerator: Number of community based services available to SED youth.

Source of Information: MMIS database

Significance: Offering an array of services available to SED youth and their families creates opportunities for community-based treatment.

Medicaid Mental Health Services
Recipients by Service and Paid Claims

Services	FY 06 Individuals	FY 07 Individuals	FY 06 Net Payments	FY 07 Net Payments
Community Mental Health	2012	1772	$4,794,045	$3,969,675
Direct Care Wage Increase	---	---	$1,069,383	$927,406
Federally Qualified Health	419		$150,739	
Inpatient Hospital	451	422	$3,679,543	$3,827,820
Lab & X-Ray	141	103	$8,362	$5956
Licensed Professional Counselors	4364	4024	$2,577,191	$2,353,325
Mid Level Practitioners	998		$231,652	
Outpatient Hospital	1876	1757	$1,625,622	$1,347,754
Personal Care	34	26	$153,923	$130,402

Physicians	3240	3114	$489,273	$397,801
Psychiatrists	2555		1,789,726	
Psychologists	1007	1046	$489,273	$618,666
Residential Treatment	465	418	$16,777,329	$15,196,229
Rural Health Clinics	363	382	$116,143	$208,482
Social Workers	1859	1877	$894,485	$929,786
School Based Services	3747	3872	$10,150,290	$11,692,733
Targeted Youth Case Management	3456	3430	$5,192,170	$5,051,060
Therapeutic Foster Care	750	827	$4,981,070	$5,582,211
Therapeutic Group Care	502	509	$15,133,651	$15,638,865
Total	26227	12361	$70,303,870	$54918,032

*Providers have 365 days to submit a claim for services rendered.
All of the expenditures for these services may not be reflected.

Special Issues: Access to this service array is an issue in most of Montana.

Accomplishments: Medicaid provides funding for travel to services. Telemedicine is increasing accessibility especially in Eastern Montana.

Children's Mental Health Services Plan
Recipients by Service and Paid Claims

Services	FY 06 Individuals	FY 06 Net Payments	FY O7 Individuals	FY 07Net Payments
Community Mental Health	$0	$0	0	$0
Outpatient Hospital	0	$0	0	$0
Licensed Professional Counselors	64	$2,912	66	$3,325
Physicians	9	$2,436	1	$127
Rural Health Clinic	$111	0	0	
Psychiatrists	1	$446	2	$732
Psychologists	0	$101	1	$151
Drug	27	$9,275	19	$10,073
Social Workers	29	$2,589	29	$3019
Mid Level Practitioner	1	$839	0	$0
Respite	595	$353,514	543	$296,855
Total	653	$372,223	661	$310,830

Special Issues: This is a small program that is underutilized.

Accomplishments: This outpatient program offers mental health services to youth otherwise under-served. It also provides access to respite care for youth with SED in this system.

CRITERION 3: Children's Services

Goal One: **Provide a seamless transition from children's mental health services to the adult mental health services system for those individuals who meet the criteria.**

Indicator One: Identify percentage of youth at age 16 who are SED eligible and also meet the diagnostic criteria for SDMI.

Measure: Baseline Indicator
Numerator: Number of youth identified
Denominator: All 16 year old SED youth

Source of Information: MMIS database

Significance: Begin the process of identifying youth who will transition out of the children's system in the next years.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	*FY2005 Actual	FY2006 Actual	FY 2007 Target	*FY2007 Actual	FY 2007 % Attained
Performance Indicator		2006 (actual)	2007 (target)	---	---
Numerator	---	15%	15%	---	---
Denominator	---	1979	---	---	---
	---	13346	---	---	---

*Indicator was added in 2006.
**MMIS system was not available at the time of this report.

Special Issues: Data system (MMIS) had a hard disk failure prior to the completion of this report. Therefore the data is inaccessible at this time.

Accomplishments: Two First Health care coordinators are responsible to assist with transition to adult services for this population. KMAs are making efforts to provide

	transition plans for youth with SED in their communities especially those in the custody of Child and Family Services.
Indicator Two:	Use data gathered as agenda items on work groups and SOC to discuss a process for transitioning youth.
Measure:	Baseline Indicator Numerator: Number of times transition youth appears on agendas.
Source of Information:	Meeting minutes and agendas
Significance:	Document the discussion and importance of addressing the needs of youth who are aging out of the children's system.
Results:	Target not achieved.
Special Issues:	No documentation of discussions is available. No specific work group has been identified. Staff person assigned to the transition work group resigned to take another position; her position has not been filled and no one has been available to participate. SOC reorganized during this reporting period and this item didn't appear on the agenda.
Goal Two:	**Ensure youth with co-occurring disorders receive integrated services.**
Indicator One:	Maintain written agreements with CD programs.
Measure:	Numerator: Number of agreements
Source of Information:	AMDD records.
Significance:	Document compliance and ensure youth with co-occurring disorders have their needs adequately addressed.
Results:	Contracts remain stable over the past year.
Special Issues:	Two of the five community mental health centers have contracts with the state.

Accomplishments: Children's Mental Health Bureau Chief is now on the Policy Team for Co-Occurring. CMHB clinical staff is on the change agent work group.

Indicator Two: Participate in co-occurring initiatives.

Measure: Children's Mental Health Bureau staff attends 90% of the scheduled meetings, trainings, and work groups.

Source of Information: Co-occurring meeting attendance sheets.

Significance: CMHB staff reminds all players the significance of addressing the needs of youth with co-occurring disorders.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	90%	100%	111%
Numerator	---	---	---	3	
Denominator	---	---	---	3	

Special Issues: Target achieved.

Accomplishments: Children's Mental Health Bureau Chief is now on the Policy Team for Co-Occurring.

Indicator Three: Assess co-occurring capability in the six granted sites.

Measure: Baseline Indicator
Numerator: Number of grant sites completing the co-occurring section of the community services inventory.

Source of Information: Community Services Inventory

Significance: Creates a baseline for development of co-occurring initiatives by community.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained

Performance Indicator	---	3	100	100%	100%
Numerator	---	3**	5	5	5
Denominator	---	6	5	5	5

*Indicator added in 2006
**Missoula's contract was discontinued

Special Issues: Target achieved

Accomplishments: Identifying capacity to offer co-occurring services is the first step towards increasing co-occurring services available to adequately address the needs of youth and families.

Goal Three: **Integrate services for children and adolescents with Serious Emotional Disturbance who impact multiple agencies in the community**.

Indicator One: The System of Care (SOC) committee will meet a minimum of four times during SFY 2007.

Measure: Numerator: Number of time SOC meets in SFY 2007.

Source of Information: Minutes from the SOC's committee meetings.

Significance: The SOC committee has legislative directive to provide leadership to the System of Care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	100%	100%	100%	100%	100%
Numerator	4	4	4	4	---
Denominator	4	4	4	4	---

Special Issues: Target achieved

Accomplishments: The SOC's committee brought in a facilitator re-establishing their vision and commitment in May of '07. This two day retreat renewed the energy behind the movement and launched a more effective process.

Indicator Two**:**	Maintain contract requirement for agreement between mental health provider and the substance abuse provider.
Measure:	Numerator: The number of state approved chemical dependency programs under contract with the Department's AMDD Chemical Dependency
Source of Information:	Chemical Dependency Bureau contract with provider.
Significance:	Assures compliance with state regulation regarding chemical dependency and allows for dialogue for SED youth with co-occurring disorders.
Significance:	Document compliance and ensure youth with co-occurring disorders have their needs adequately addressed.
Results:	Contracts remain stable over the past year.
Special Issues:	Two of the five community mental health centers have contracts with the state.
Accomplishments:	Children's Mental Health Bureau Chief is now on the Policy Team for Co-Occurring. CMHB clinical staff is on the change agent work group.
Indicator Three:	CMHB program officers participate in individual and community team meetings for multi-agency youth.
Measure:	Baseline Indicator Numerator: Number of team meetings attended.
Source of Information: report.	Calendar records of appropriate meetings and self
Significance:	Further the goals of system of care and provides highest potential for success for the youth and the communities.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	100%	121%	121%
Numerator	---	---	200	242	---

Denominator	---	---	200	200	---

Special Issues: Target achieved.

Accomplishments: Commitment of the Regional Services Managers to be available in communities to assist in building community capacity and creating workable plans for youth and families.

CRITERION 4: Targeted Services to Rural and Homeless Populations

Goal One: **Collaborate with AMDD track homeless children in Montana.**

Indicator One: Assess number of homeless children in PATH programs.

Measure:
Numerator: Number of youth identified by PATH.

Source of Information: PATH.

Significance: Begins the process of identifying the number of homeless youth in Montana.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	Baseline	0	0%
Numerator					
Denominator					

Special Issues: At a statewide meeting of PATH providers, only one community (Billings) identified homeless youth as part of their population. No children were identified in this year's survey.

Indicator Two: PATH will identify a tracking tool.

Measure: Numerator: Tracking tool updated.

Source of Information: Tracking tool

Significance: Begin to collect data, to understand and analyze impact of homelessness on SED youth and provide guidance for services needed.

Results: Target achieved. Tracking tool identified.

Special Issues: Indicator on track for further assessment.

Accomplishments: Tool has been identified- HMIS system. Staff was trained in September to begin.

Indicator Three: Participate with AMDD and PATH providers in a quarterly meeting.

Measure: Numerator: The number of meetings CMHB staff participated in.
Denominator: Total number of meetings.

Source of Information: PATH meeting attendance sheets.

Significance: Collaboration with PATH will increase understanding.

Results: Target not achieved.

Special Issues: Staff wasn't invited to participate. No data collected.

Accomplishments: On-going discussions about need to be aware of this population.

Indicator Three: Identify the number of homeless families with children.

Measure: Numerator: the number of homeless families with children.
Denominator: total number of homeless families

Source of Information: Point in Time survey

Significance: Begins the process of tracking homeless youth.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	34%	---	40%	NA

Numerator	---	459	---	849	
Denominator	---	1331	---	2102	

Special Issues: Target achieved. Number of families with children was identified. Point in time survey in 2006 was conducted in April, 2007 survey was conducted in January. Extreme weather forces homeless families into shelters

Accomplishments: Homeless families with children are being identified as a specific population.

CRITERION 5: Management Systems

Goal One: **To offer training at a community level to emergency services personnel.**

Indicator One**:** Law Enforcement trained in the CIT model.

Measure: Number of officers trained in SFY2007

Source of Information: Law Enforcement Academy and NAMI- Helena

Significance: Although CIT is specific to adults, trained law enforcement officials will be better prepared to deal with all crises, including youth and families.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	*FY2005 Actual	*FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	100%	112%	112%
Numerator	---	---	80	90	---
Denominator	---	---	80	80	---

Special Issues: Target achieved.

Accomplishments: Law enforcement feedback about the usefulness of this training is very positive. Dialogue between mental health and law enforcement has increased resulting in better working relationships and better care for youth with SED who encounter law enforcement.

Indicator Two**:** Discuss potential training opportunities with juvenile justice personnel.

Measure: Baseline Indicator
Numerator: SOC meeting agenda item to address juvenile justice issues twice during the next year.

Source of Information: SOC minutes

Significance: Furthers the goal of an integrated system where all have access to the same, pertinent information

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	*FY2005 Actual	*FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	100	50%	50%
Numerator	---	---	2	1	1
Denominator	---	---	2	2	2

*indicator added in 2006

Special Issues: Target not achieved.

Accomplishments: The Board of Crime Control representative left her position leaving SOC without that representative to adequately address the issue. However, a representative of Juvenile Justice (the Supreme Court) raises the issue of mental illness and juvenile justice as a part of each agenda item, not always separate.

Goal Two: **To ensure parent, youth and family member participation in state sponsored trainings through Systems of Care.**

Indicator One**:** Number of parents, youth who participate in state sponsored system of care, and KMA training.

Measure: Baseline indicator
Numerator: number of parents and youth who participate.

Source of Information: Attendance sheets for all state sponsored trainings.

Significance: Training and the experience are enriched by all when youth and parents attend.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	baseline	15%	NA
Numerator				23	
Denominator				158	

Special Issues: Baseline target.

Accomplishments: First state sponsored training that encouraged, recruited and paid for parent and youth participation.

Indicator Two**:** Offer financial aid to parents and youth to participate in state sponsored training decreasing barriers to participation

Measure: Baseline Indicator
Numerator: The number of parents and youth who utilize honorariums

Source of Information: Records from the fiscal bureau detailing reimbursement for parent and youth participation.

Significance: Increasing parent and youth involvement furthers the goals of the system of care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	baseline		15%
Numerator				23	
Denominator				158	

Special Issues: Baseline target.

Accomplishments: SAMSHA paid for all conference costs for the 23 parents and youth. Feedback from parents about the conference was very positive.

Indicator Three**:** Have regular contact with the Mental Health Ombudsman Office.

Measure: Baseline Indicator

	Numerator: The number meetings held with Mental Health Ombudsman during the fiscal year.
Source of Information:	Calendar record of meetings.
Significance:	Information from the Ombudsman's office is critical to understanding the issues families and youth face in the mental health system, identifies barriers to care and access.
Results:	Target achieved.
Special Issues:	Many staff have regular contact with the mental health ombudsman. Current bureau chief is former ombudsman and has regular meetings with newly appointed ombudsman. Contact with other staff is typically by phone and as needed.
Accomplishments:	Children's Mental Health Bureau staff has become a resource to the ombudsman's office.
Goal Three:	**To offer education to parents, youth and families.**
Indicator One**:**	Create informational brochure which is available state-wide to discuss the systems of care and available services to families.
Measure:	Baseline (one time) Indicator Numerator: Completed brochures
Source of Information:	The printed materials.
Significance:	Access to information increases the potential for discussion, access to care, and further supports the system of care.
Results:	Target not achieved.
Special Issues:	Each granted community has created their own brochure tailored to their own communities' culture and project.
Accomplishments:	There was a recognition that this needed to be a local rather than state effort. The communities responded with informative, culturally sensitive materials.

Indicator Two**:** Participate in NAMI-MT annual conference

Measure: Baseline Indicator
Numerator: The number of parents and youth attending the NAMI-MT conference.

Source of Information: Records of attendance.

Significance: Access to information increases the potential for discussion, access to care, and further supports the system of care.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	Baseline	20%	NA
Numerator				84	
Denominator				417	

Special Issues: Target achieved.

Accomplishments: Increased participation by parents of SED youth. NAMI-MT is making a special effort to include children's issues on their program agenda.

Indicator Three: Access parent trainers to participate in state-sponsored training.

Measure: Baseline Indicator
Numerator: Number of parents and youth utilized as co-trainers

Source of Information: State-sponsored agendas listing parents and youth as trainers.

Significance: Parents and youth as trainers provide a unique personal perspective and further system of care goals by having them at each level of the system.

Results: Target not achieved.

Special Issues: Training for this year was limited to one national presenter.

Indicator Four: 50% of Montana's representation at the SAMHSA regional and national meetings is parents or youth.

Measure: Numerator: Number of parents and youth who attend SAMHSA.
Denominator: Total number of Montana participants.

Source of Information: Registration records of meetings.

Significance: Parents and youth are central to the success of the system of care. Their participation at all levels enhances the conversation, keeps in focus the reason for system development.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	50%	31%	62%
Numerator				9	
Denominator				39	

Special Issues: Target not achieved. Prescriptive participation at these national meetings limits the number of available slots for parents. Not all projects had parent coordinators who were able to attend.

Accomplishments: This represents three national conferences (Federal of Families, TA Partnerships conferences). By providing these training opportunities to parent coordinators they become the conduit and leaders in their respective communities.

Goal Four: To encourage provider training.

Indicator One**:** State sponsored training to providers and local communities.

Measure: Baseline Indicator
Numerator: The number of trainings the Children's Mental Health Bureau sponsors.

Source of Information: Attendance sheets from the trainings.

Significance: Service providers who understand & support the system of care can better serve youth and families.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator			baseline	82%	
Numerator				130	
Denominator				158	

Special Issues: Baseline indicator.

Accomplishments: Training was well received and attended. This was the first state sponsored training in three years.

Indicator Two**:** Participate as panel members and speakers when requested.

Measure: Baseline Indicator
Numerator: Number of events CMHB staff participate in as presenters.

Source of Information: Self report by staff of participation and travel records.

Significance: The more often system of care goals and principles can be discussed, the more integrated the system will become.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2005 Actual	FY2006 Actual	FY 2007 Target	FY2007 Actual	FY 2007 % Attained
Performance Indicator	---	---	baseline		NA
Numerator				34	
Denominator					

Special Issues: Target achieved.

Accomplishments: Because of our regional staffing system, this training represents training all across the state, not just in granted sites or major cities.

Goal Five: Continue the children's set aside for youth and adolescent services.

Indicator One**:**	A total of $671,928 TANF Maintenance of Effort will be expended for approved services.
Measure:	Numerator: Dollar amount spent. Denominator: Total amount of the TANF MOE.
Source of Information:	Fiscal Bureau records.
Significance:	Additional resources to children and families that support their needs. Results:
Results:	100% of allocated funds were expended.
Special Issues:	Target achieved.
Accomplishments:	These monies fund respite care, not a Medicaid funded service but one that families identify as most helpful to them.

II. Performance Indicators - Adult

CRITERION 1: Comprehensive Community-Based Mental Health Service Systems

Goal One: To significantly increase consumer participation and satisfaction in community mental health services.

Indicator One: Increase the percentage by 4% each year of those adults with SDMI that report involvement in their treatment planning.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree" to three survey questions that relate to involvement of the respondent in treatment planning.
Denominator: The total number of adult respondents to the Consumer Satisfaction Survey.

Source of Information: Statewide aggregate data from the Consumer Satisfaction Survey.

Significance: Taking on that responsibility increases feelings of self-esteem, self worth, dignity and self-respect and increases sense of responsibility for self care.

Results:

Special Issues:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	70%	72%	74%	72%	98%
Numerator	512	404	-------	449	449
Denominator	702	565	-------	628	628

Goal partially attained. No significant difference.

Accomplishments: The percentage remained the same from FY 2006 and FY 2007. It is anticipated this should increase as consumers take more responsibility for their treatment and recovery.

Indicator Two: Increase the percentage of those adults with severe mental illness that report positively about their outcomes with mental health services.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree" to three survey questions relating to access.
Denominator: The number of respondents to the survey.

Source of Information: Statewide aggregate data from the Consumer Satisfaction Survey.

Significance: Consumer choices and responsibility for self care moves the process to recovery and positive outcomes.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	63%	62%	68%	60%	89%
Numerator	446	309	446	333	333
Denominator	708	500	708	556	556

Special Issues: Goal not attained.

Accomplishments: The percentage of reporting positive outcomes decreased from FY 2006. It is believed that as consumers take more responsibility for their recovery they will become more assertive about their services. Consumers will not be satisfied with the services typically offered.

Indicator Three: Increase the percentage each year of adults with serious disabling mental illness that rate the access to services positively.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree", to three survey questions relating to access, on a five point response.

Denominator: The total number of adult respondents to the Consumer Satisfaction Survey.

Source of Information: Statewide aggregate data from the Consumer Satisfaction Survey.

Significance: Successful access creates a greater potential for positive outcomes.

Results:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	80%	76%	81%	76%	94%
Numerator	566	424	-------	477	477
Denominator	708	558	-------	624	624

Special Issues: Goal partially attained.

Accomplishments: The number remained the same as FY 2006. Again, the same argument would hold true as above. The Bureau views this as a positive.

Indicator Four: Develop at least one peer service for FY 2007.

Measure: The number of programs providing or operating peer support services.

Source of Information: The number of services provided.

Significance: The community mental health providers have not used peer support services in any organized fashion. Montana needs to develop definitions and policies of the use of peer services. This would provide additional capacity for community services.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	0	0	1	1	100%

Special Issues: Goal attained.

Accomplishments: Center for Mental Health in Great Falls contracted with META Services for the Peer Employment Training (PET) using crisis funds from the Division. META provided two week training on PET. Western Montana Mental Health Center in Butte and Hamilton also included peer services in their proposals.

Goal Two: **To provide quality community mental health services.**

Indicator One: Increase the number of evidence based practices (EBPs) available for persons served in adult mental health system..

Measure: The number of evidence-based practices provided by the state which adheres to SAMHSA identified fidelity scales for each EBP.

Source of Information: Annual review of service arrays and applicable Fidelity Scales.

Significance: EBPs greatly enhances positive outcomes for persons with SDMI served.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	2	2	>2	2	100%

Special Issues: Goal attained.

Accomplishments: The Evidence Based Practices are Program for Assertive Treatment (PACT) and integrated co-occurring. Montana also recognizes Dialectical Behavioral Therapy (DBT) as a promising practice.

Indicator Two: Increase the number of persons receiving Evidence Based Practice services.

Measure: Number of persons receiving EBPs in full accordance with SAMHSA adopted fidelity scales.

Source of Information: Use of reimbursement data base from MMIS.

Significance: The use of Evidence Based Practices enhances positive outcomes for consumers served.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	170	338	500	356	72%

Special Issues: Goal partially attained. The Bureau cannot measure the persons receiving integrated co-occurring treatment. The alcohol and drug information system uses a different client identifier than what client identifier is used in mental health data system. It is hoped the Bureau will be able to collect the numbers of persons receiving integrated co-occurring services when their new data system is operational.

Accomplishments: PACT continues to be a successful program for those persons with multiple hospital admissions. The previous legislative session provided general funds for those persons who are not eligible for Medicaid.

<u>Indicator Three:</u> Increase the average number of persons served through Assertive Community Treatment (ACT) programs.

Measure: The average number of persons served.

Source of Information: Reports from ACT programs.

Significance: The ACT program has proven to be effective in keeping persons with chronic mental illness in the community with fewer hospitalizations.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	170	338	300	356	100%+

Special Issues: Goal attained.

Accomplishments: ACT continues to be a successful program for those persons with multiple hospital admissions. The previous legislative session provided general funds for those persons who are not eligible for Medicaid. Programs are available only in Helena, Missoula, Kalispell, Great Falls and Billings. Butte started a program in FY 2008.

Indicator Four: Develop signed work/employment service agreements between MVR local authority and the local community mental health providers.

Measure: The number of signed service agreements.

Source of Information: Copies of the signed service agreements on file at MHSB.

Significance: Employment is essential to recovery and person centered treatment.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	0	2	3	3	100%

Special Issues: Goal attained.

Accomplishments: The Bureau continues collaborating with the Vocational Rehabilitation Services in the Disability Services Division. The ongoing issue for mental health centers is dedicating one person to provide vocational services at the centers.

Goal Three: To support recovery and community integration.

Indicator One: Continue developing integrated co-occurring services.

Measure: Numerator: The number of providers using Zialogic Tools for assessment of co-occurring capable (COMPASS).
Denominator: Total number of providers to whom the tools were made available.

Source of Information: Report from the Division.

Significance: Addressing these issues in an integrated manner provides more effective treatment.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Numerator	12	18	21	18	86%
Denominator	28	28	28	28	------

Special Issues: Goal partially obtained. Transformation of a system is a slow process. With each training offered to providers we see more providers "buying into" co-occurring.

Accomplishments: Co-occurring and recovery are the cornerstones for the Division. The chemical dependency and mental health bureaus meet consistently to continue the co-occurring agenda for Montana.

Indicator Two: Collect outcome measures for Assertive Community Treatment (ACT).

Measure: Increase the average hours for education and employment outcomes by 50% in FY 2007.

Significance: The outcomes tracked will continue to provide evidence of the successfulness of the program and benefiting those persons with ACT.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Average	FY 2006 Average/ Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Competitive Work Hours/Clients	14	2123 / 21	2123+	2332/36	100%
Non-Competitive Work Hours/Clients	>12	405 / 18	405+	384/12	95%
Volunteer Work Hours/Clients	>8	326 / 12	326+	309/17	95%
Education & Training Hours/ Clients	>5	202 / 7.5	202+	101/8	50%

Special Issues: Goal attained. This measure was changed to capture the number of PACT clients that either have employment, volunteer and attending an education program. The hours did not reflect what needed to be measured. This outcome measure is dropped for FY 2008.

Accomplishments: The hours of competitive employment and persons in competitive employment are tremendously higher than supportive employment.

Indicator Three: Increase the average number of ACT clients work or attend education.

Measure: Average number of ACT clients working or attending education per month.

Significance: Working or attending education programs is crucial in recovery.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Average	FY 2006 Average	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	29	67	67+	73	100%

Special Issues: Goal attained.

Accomplishments: Community integration is essential for recovery.

Indicator Four: Continue Dialectic Behavioral Therapy (DBT) programs in community, Montana Chemical Dependency Center (MCDC) and MSH.

Measures: a) The number of programs providing DBT.
b) The number of beneficiaries participating in DBT.

Source of Information: Authorizations and paid claims data.

Significance: Access to DBT provides consumer choice and promising practice for those persons with an Axis II diagnosis.

Result:

a)	(1)	(2)	(3)	(4)	(5)	(6)
	Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
	Number of programs	22	49	22	41	100%+
b)	Number of clients	140	140	140	140	140

Special Issues: Goal attained.

Accomplishments: The DBT Steering Committee has ongoing training. The Montana State Hospital, Montana State Prison, Montana Chemical Dependency Center, state approved alcohol drug programs and mental health centers have trained teams. This is a service proven effective in serving individuals who are traditionally

consumers of high cost mental health services as well as emergency room services. Billings has five trained teams with one being a youth residential provider; Bozeman has four teams and Gallatin Valley DBT Consultation Team which includes eight private practitioners; Butte has three trained teams which includes an adolescent residential treatment center; Great Falls has two teams; Missoula has three teams; and Helena, Kalispell, Libby, Livingston and Poplar each have one team.

Goal Four: Improve the continuity of care and community reintegration.

Indicator One: Decrease the percentage of persons discharged from the Montana State Hospital who are readmitted within 30 days of discharge each year.

Measure: Numerator: Number of adults readmitted to the MSH within 30 days.
Denominator: Total number of MSH discharges.

Source of Information: Admission/discharge data from MSH.

Significance: Rapid recidivism may reflect ineffective community programs, very serious illness, premature discharge, or noncompliance.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	7%	7%	6%	7%	86%
Numerator	45	45	------	48	48
Denominator	622	676	------	667	667

Special Issues: Goal partially attained. The difference is not significant, given the low numbers.

Accomplishments: This increase in the recidivism reflects a disconnect between the hospital discharge and community services. The 2007 Legislative session funded five community liaison positions. These positions will help in the transition from the hospital to the community. It is anticipated the positions will be filled winter 2008.

The Division funded a study to identify the factors that contribute to re-admission.

Indicator Two: Decrease the length of stay at the MSH.

Measure: Calculation of the median and mean length of stay for MSH.

Source of Information: MSH admission and discharge data.

Significance: Shorter lengths are imperative to keep people integrated in the community.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator **Median**	48	44	<48	44	100%
Performance Indicator **Mean**	100	114	<100	106	95%

Special Issues: Goal attained

Accomplishments: The mean length of stay has decreased from FY 2006.

Indicator Three: Decrease the percentage of persons discharged from the Montana State Hospital who are readmitted within 180 days of discharge each year.

Measure: Numerator: Number of adults readmitted to the MSH within 180 days.
Denominator: Total number of MSH discharges.

Source of Information: Admission/discharge data from MSH.

Significance: Rapid recidivism may reflect ineffective or inadequate community programs, very serious mental illness, premature discharge, or noncompliance.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	17%	16%	17%	13%	100%
Numerator	111	112	-----	87	87
Denominator	622	676	-----	667	667

Special Issues: Goal attained.

Accomplishments: This continues to be an ongoing issue. Crisis stabilization in the community continues to be inadequate. The 2007 Legislative session funded five community liaison positions. These positions will help in the transition from the hospital to the community. It is anticipated the positions will be filled winter 2008. The positions will be located in the five communities that have the highest admission rate to the state hospital. The Division contracted with First Health to study the re-admission rate and to make recommendations.

Goal Five: **To provide case management services to those persons with serious and disabling mental illness.**

Indicator One: Continue the availability of case management services for those who qualify.

Measure: The number of persons receiving case management.

Source of Information: The reimbursement data from MMIS

Significance: Case management is a critical community service that provides necessary support.

Result:

Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
# Persons receiving case management	5646	6990	6200	5674	92%

Special Issues:	Goal attained.
Accomplishments:	The Bureau continues to implement strength based case management as a tool for recovery. Training has been provided to agencies on strength based case management as requested.
Indicator Two:	Develop plan for implementation of strengths based case management in Montana.
Measure:	Number of trainings offered to case managers and supervisors.
Source of Information:	Attendance sheets from trainings.
Significance:	A trained workforce will further person centered planning which respects consumer rights and wishes.
Result:	Goal attained.
Accomplishments:	Trainings are provided on an ongoing basis. The key to the full implementation of strength based case management is the training provided to supervisors and the recovery markers. The recovery markers are outcome measures that are completed at initial admission and then every ninety days. The measures are: housing, employment, level of symptom interference; stages of change with alcohol and drug use; and level of alcohol and drug use. This is tool to focus on recovery and person centered planning.
Goal Six:	**Establish standardized process for transitioning youth with serious emotional disturbance (SED) to adulthood.**
Indicator One:	Develop transition work group to develop referral process.
Measure:	Process established.
Significance:	The current system does not provide a positive transition out of the children's mental health system.
Result:	Goal attained

Accomplishments: The Department of Public Health and Human services has convened an intradepartmental service coordination workgroup. The group meets monthly to work on developing a process for providing services across divisions to individuals who are dually diagnosed, TBI, children and adults.

Montana was one of six states involved in the 2005-2007 National Governors Association Policy Academy to Improve Outcomes for Young Adults with Disabilities. To ensure the State's participation results in systemic change, the Governor convened a task force to work toward creating a comprehensive, cohesive transition system. The task force includes representatives from many state agencies, universities, advocacy organizations and young people with disabilities. AMDD's Administrator and Mental Health Bureau Clinical Program Manager are members of this task force.

CRITERION 2: Mental Health System Data Epidemiology

Goal One: **A comprehensive, accessible, community-based mental health system will be available for those qualified persons with SDMI.**

Indicator One: Provide ACT for those persons that meet criteria.

Measures: Number of persons served.
Number of providers trained in providing ACT

Significance: A vital service for those persons that otherwise may be at the state hospital.

Result:

Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Number Served	170	338	325	356	100%+
Number Providers	3	5	5	5	5

Special Issues: Goal attained

Accomplishments: ACT continues to be a successful program for those persons with multiple hospital admissions. The previous legislative session provided general funds for those persons who are not eligible for Medicaid.

Indicator Two: Provide DBT for those persons that meet criteria**.**

Measure: Number of persons served.
Number of programs trained in DBT.

Result:

Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Number Served	140	140	140+	140	100%
Number Providers	22	49	22	41	100%+

Special Issues: Goal attained.

Accomplishments: See Criterion One, Goal Three, Indicator Four.

Goal Two: Utilize the results of the WICHE study to plan for the mental health system.

Indicator One: Develop a task force to review the results of the study.

Measure: Task force established with meetings scheduled.

Source of Information: Attendance and reports.

Significance: The study from WICHE has many implications in the provision of mental health services. Need to understand those implications and develop a plan in appropriate provision of services to the sub populations of Montana.

Result: Goal Attained.

Accomplishments: Task force convened to determine how to disseminate the information from the WICHE report. The report

contained many errors and had to be revised by the task force.

CRITERION 3: CHILDREN'S SERVICES

Not Applicable

CRITERION 4: Targeted Services to Rural and Homeless Populations

Goal 1: **Individuals who are homeless and have SDMI will have access to mental health services.**

Indicator One: Persons with serious mental illness outreached will be PATH enrolled.

Measure: Numerator: The number of persons enrolled in PATH services.
Denominator: The total number of persons who are contacted by PATH case managers and have a serious mental illness.

Source of Information: PATH annual report.

Significance: PATH services increase a person's ability to move towards recovery.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	41%	81%	50%	*	*
Numerator	738	1097	-------	*	*
Denominator	1816	1363	-------	*	*

Special Issues: The final report is not completed.

Accomplishments: The PATH programs have been very active in outreach. All of the programs participated in the Point in Time survey, with one program as the lead agency. The PATH program was competitively bid this past fiscal year. One mental health center received three separate contracts and one new program was added.

Indicator Two**:** Develop recovery markers to determine outcome measures for persons receiving case management.

Measure: The number of programs using the recovery markers in their case management services.

Source of Information: Strengths Based Recovery Markers

Significance: The Recovery Markers measure the outcomes necessary for persons in recovery.

Result: The four comprehensive community mental health centers received training on collecting recovery markers.

Special Issues: Goal attained.

Accomplishments: See Criterion One.

Goal Two: Mental Health Services Bureau will participate in the SOAR project.

Indicator One: Train case managers and supervisors on SOAR**.**

Measure: The number of persons receiving training.

Source of Information: Attendance sheets from training sessions.

Significance: SOAR provides another avenue to access appropriate services.

Result:

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	130	90	100	100%+

Special Issues: Goal attained.

Accomplishments: This has proven to be a highly effective training for case managers who are working with persons who are homeless and have a mental illness. This training has been offered to all case managers and supervisors in mental health and substance abuse agencies and Health Care for the Homeless staff. Training has been held at the Montana State Prison, Whitefish, Missoula, and Great Falls.

Goal Three: **Ensure housing is available to persons with serious disabling mental illness.**

Indicator One: Participate in the Governor's Council on Homelessness.

Measure: Attendance in meetings and activities.

Significance: Participation will ensure persons who are homeless and have a mental illness are included as a target population.

Result:

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	5	5	2	40%

Special Issues: Goal partially attained.

Accomplishments: The Governor's Council on Homelessness needed to be re- appointed by the Governor. This selection took a long period of time. The first meeting of this newly appointed council was August 2007.

Indicator Two: Plans for housing development submitted to funding agencies.

Measure: Number of plans.

Significance: Housing is crucial for persons who are homeless.

Result: One PATH provider researched Safe Haven project.

Accomplishments: The PATH programs work very closely with housing agencies. The Billings PATH program will be submitting an application for a Safe Haven project to the state Continuum of Care.

Goal Four: **Ensure training is made available to programs serving frontier counties.**

Indicator One: Frontier programs participate in the training for DBT.

Measure: Attendance sheets from trainings sessions

Significance: Consumer access to quality community services.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
# Programs trained in DBT	2	2	4	2	50%

Special Issues: Goal partially attained.

Accomplishments: It is crucial to provide promising practices to frontier programs. The difficulty for programs to participate is the distance and time necessary to travel for training, two days for travel to any training event outside of the frontier area.

Indicator Two: Frontier programs participate in the training for Co-occurring.

Measure: Attendance sheets from trainings sessions

Significance: Consumer access to quality community services.

Result:

(1)	(2)	(3)	(4)	(5)	96)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
# Programs trained in Co-Occurring	6	6	>6	6	100%

Special Issues: Goal attained.

Accomplishments: See above indicator.

Indicator Three: Frontier programs participate in the training for Strengths Base Case Management.

Measure: Attendance sheets from trainings sessions

Significance: Consumer access to quality community services.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
# Programs trained in Case Management	4	4	>6	6	100%

Special Issues: Goal attained.

Accomplishments: See indicator one.

Goal Five: **Ensure respectful and culturally competent services within the mental health system.**

Indicator One: Provide cultural competency training to providers and other stakeholders**.**

Measure: Definition of cultural competence using established models from other similar regions.

Result: Goal partially attained.

Accomplishments:	Bureau staff has received training on cultural competency. This training has been offered to other stakeholders. The co-occurring Policy Team has a cultural competency workgroup. The workgroup has developed a definition for cultural competency. The workgroup had an art contest to help design a logo. This contest was held in conjunction with the Mental Illness conference in October 2007. The program licensing workgroup has incorporated the cultural competence policy and training in the guidelines for alcohol and drug programs and mental health centers. The guidelines will be finalized December 2007.
Indicator Two:	Provide cultural competence training
Measure:	Attendance sheets from training sessions.
Result:	Goal partially attained.
Accomplishments:	See Indicator One for discussion.
.	
Indicator Three:	Develop a resource library.
Measure:	Resource list available on the state's website.
Significance:	It is essential providers are culturally competent.
Result:	Goal not attained.
Accomplishments:	The resource library will be developed in 2008. The scope of practice and training work group will be developing training modules and resource library with cultural competence be a part of the library and training.

CRITERION 5: Management Systems

Goal One:	**Increase the number of persons with prescriptive authority in Montana**
Indicator One:	Increase the number of prescriptive providers serving the SDMI population.
Measure:	Number of prescriptive providers.

Source of Information: The ACS data.

Significance: Increased access provides better psychiatric access for the SDMI population.

Result: Goal partially attained.

Accomplishments: The frontier counties utilize Advanced Practice Registered Nurses (APRN) for prescriptive authority. The seventeen counties east of Billings has one part-time psychiatrist.

Indicator Two: To increase individuals receiving psychiatric services.

Measure: To determine if the increase in psychiatrists will increase access to services.

Source of Information: ACS data system

Significance: Increased provider rate will provide better psychiatric access for the SDMI population.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Indicator	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Number of Psychiatrists	46	50	65	69	100%
Number of Individuals	2142	3973	>2142	7929	100%
Number of Mid Levels	245	*	>245	*	*

* The Data system has been down for past two weeks.

Special Issues: Goal attained

Accomplishments: Efforts to recruit and retain qualified professionals to work in Montana's public mental health system continue to present a challenge for provider agencies across the state. A practicum is available for nursing students at Montana State Hospital as well as internships and field placements for students in psychology, counseling, and recreation therapy. Additionally, licensed mental health centers provide the opportunity for students who have completed the

	academic requirements for licensure to work under supervision for the required period of time before becoming eligible for the licensing examination. Often mental health consumers will migrate to the larger cites for services and have currently outstripped the ability of these communities to serve the growing needs. Even our larger communities are finding it very difficult trying to recruit new mental health professionals. The HPSA designation that currently covers our smaller communities has been of little help in recruiting new psychiatrists and mid-levels. If opening this up to the larger communities can better support them in recruiting mental health professionals, then this could increase the capacity of the state wide system of care where it is needed most in Montana. AMDD is working with Health Resources Division (Children's Mental Health System), Primary Care Office and the SAA's to re-designate the "Health Provider Shortage Area's (HPSA)" to include the more populated counties in the state (Yellowstone, Lewis & Clark, Flathead, Missoula, Gallatin and Cascade). Currently these counties are not designated as HPSA's but are serving many of the mental health needs from their counties and the rest of the state.
Goal Two:	**Develop a plan for crisis services**
Indicator One:	MHSB will work closely with the Mental Health Oversight Advisory Council on crisis services.
Measure:	Strategy for crisis services in Montana
Source of Information:	Minutes from Council meetings
Significance:	Crisis services are a priority.
Result:	Goal attained
Accomplishments:	The Mental Health Oversight Advisory Council created a crisis task force three years ago. This resulted in a letter personally delivered to the governor's human services policy advisor. (See letter in attachment)

Indicator Two:	Evaluate current crisis services
Measure:	Services available
Source of Information:	AMDD report
Significance:	Creating a baseline will help determine next steps.
Result:	Goal attained.
Accomplishments:	The Mental Health Services Bureau community program officers work in local communities to plan for and implement crisis services. The MHSB works closely with the SAAs, LACs, Mental Health Oversight Advisory Council, county and city officials, providers and other stakeholders to develop and improve crisis services. The Billing Community Crisis Center is example community collaboration. The Billings Crisis Center and MHSB sponsored Crisis Intervention Team (CIT) training in May and again in September. NAMI and the Helena Local Advisory Council (LAC) sponsored CIT training in Helena. The Missoula community is investigating the possibility of sending a team to Memphis to be trained as trainers. This would establish CIT trained officers in each SAA. Another model used for crisis is the Crisis Response Team (CRT). Members of the team are dedicated clinicians whose job is to respond to crisis calls in the community, at the local emergency room, or in the detention center. Teams are operational in Kalispell, Missoula, Butte, Helena, and Bozeman/Livingston. Each of the local mental health agencies and LACs train first responders in mental health crisis. Many of the emergency rooms contact either the CRT or trained CIT officers when a person in a mental health crisis presents themselves.
Indicator Three:	Plan will be developed to provide training of emergency health providers (first responders).
Measure:	Training provided to emergency health providers.

Source of Information: Information provided from Community Program Officers, LACs and SAAs.

Significance: Often the emergency room or law enforcement are the first intervention for persons in psychiatric crisis.

Result: Goal attained

Accomplishments: See above indicator for discussion.

Goal Three: **Support and enable persons with severe disabling mental illness and family member participation.**

Indicator One: Maintain a minimum of 51% persons with severe disabling mental illness and family membership on Mental Health Oversight Advisory Council.

Measure: Numerator: The number of family and consumer members
Denominator: The total number of members.

Source of Information: Advisory Council roster of membership

Significance: Consumers and family members are critical to the development of mental health services in Montana.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	63%	57%	51%	57%	100%
Numerator	19	17	------	17	17
Denominator	30	30	------	30	30

Special Issues: Goal attained

Accomplishments: The Council remains an active participant in the transformation of the mental health system in Montana.

Indicator Two: Support the Local Advisory Councils (LAC) across the state.

Measure: Staff support to LAC by community program officers and regional planner.

Source of Information: Summaries of reports from LACs, community program officers and regional planner

Significance: Staff support will assist in local system development.

Result:

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 % Attained
Performance Indicator	15	26	>26	3300	100%

Special Issues: Goal attained.

Accomplishments: Nineteen Local Advisory Councils (LAC) exist. The five Community Program Officers attend each of these LACs whenever possible. In addition, they participate in the Service Area Authorities (SAA). The SAAs are: eastern, western and central. The boards are required to have 51% consumer and family representation. In addition one representative from each of the SAAs holds a position on the Mental Health Oversight Advisory Council.

Indicator Three: Support Service Area Authorities (SAA) across the state**.**

Measure: Staff support to SAA by community program officers and regional planner.

Source of Information: Summaries of reports from SAA, community program officers and regional planner

Significance: Ensuring the success of the SAAs further the goals of system development.

Result: Goal attained

Accomplishments: See above indicator for discussion.

Goal Four: **Support education for persons with severe disabling mental illness, family members, and providers**

Indicator One: Contract with NAMI to provide the following training:

a) Family to Family education program offered in a minimum of three communities in Montana
b) Support Group Facilitator training
c) "In Our Own Voice" Living with Mental Illness offered in three communities
d) Provider Education Course offered in two communities
e) Peer to Peer Recovery Course offered in three communities

Measure: a) Number of courses and training provided

Source of Information: Report from NAMI trainers

Significance: Education on severe mental illness supports the recovery process.

Result:

(1)	(2)	(3)	(4)	95)	(6)
Fiscal year	FY 2005 Actual	FY2006 Actual	FY2007 Target	FY 2007 Actual	FY 2007 % Attained
Number of Family to Family	>3	3	>3	9	100%
Number of Support Group Facilitator	>1	0	>1	1	100%
Number of "In Our Own Voice"	1	15	3	15	100%
Provider Education	2	2	2	1	50%
Peer to Peer	3	3	>3	5	100%

Special Issues: Goal attained.

Accomplishments:	The NAMI training has proven invaluable for consumers and family members.
Goal Five:	**Provide training to community mental health providers and state approved alcohol and drug programs.**
Indicator One:	Develop a Train the Trainers model for case management**.**
Measure:	Persons attending Training of Trainers for case management.
Source of Information:	Attendance and letters of invitation
Significance:	To build capacity within the state.
Result:	Goal not achieved.
Special Issues:	The trainers were not available this fiscal year.
Accomplishments:	MHSB continues to support the implementation of strengths based case management in Montana. All of the mental health centers have received strength based case management training. In cooperation with the Chemical Dependency Bureau training is being provided to chemical dependency programs on reservations. Currently, White Sky Hope of Chippewa Cree have received training and there are plans for the Crystal Creek Lodge of the Blackfeet to receive training in fall 2007. All mental health centers are required to provide recovery for clients receiving case management services. The recovery markers measure objective outcomes for people who are working towards recovery. The recovery markers are indicators of health and well-being that measure clinical domains, such as symptom severity and interference, as well as recovery domains, such as housing and employment.
Indicator Two:	Develop statewide training plan in co-occurring.
Measure:	Training plan developed and implemented.
Source of Information:	Written plan

Significance:	Provide a roadmap for the co-occurring initiative and will allow the state and stakeholders to evaluate the initiative.
Result:	Goal attained.
Accomplishments:	The Addictive and Mental Disorders Division has continued to contract with Dr. Ken Minkoff and Dr. Chris Cline to provide technical assistance in the development and implementation of a comprehensive and coordinated service array and integration of services to adults with co-occurring disorders. The Montana Co-Occurring Disorders Policy Team and the Montana Change Agents are two groups of providers and other stakeholders that meet quarterly to review progress and plan the next implementation steps. The Change Agents and Policy Team members also work in statewide workgroups to address a variety of topics related to Co-Occurring Capability. Each of the four comprehensive community mental health centers are state approved alcohol and drug programs in some communities within their regions. All other state approved alcohol and drug programs are required to contract with a mental health center to provide appropriate services for clients who have a co-occurring mental illness.
Goal Six:	**Collect and utilize data from the recovery markers.**
<u>Indicator One:</u>	Have programs begin submitting data in winter 2007.
Measure:	Date submitted
Source of information:	The web access program
Significance:	Providers will utilize the outcomes to determine the individual needs of consumers. Supervisors will be better equipped to train case managers.
Result:	Goal attained.

Accomplishments:	All mental health centers are required to provide recovery for clients receiving case management services. The recovery markers measure objective outcomes for people who are working towards recovery. The recovery markers are indicators of health and well-being that measure clinical domains, such as symptom severity and interference, as well as recovery domains, such as housing and employment. All mental health centers began reporting July 1, 2007.
Indicator Two:	Train supervisors on the usefulness of the recovery marker data.
Measure:	Training held and number attended
Source of Information:	Attendance sheets from training.
Significance:	This moves the mental health system to a recovery based and person centered system.
Result:	Goal attained.
Accomplishments:	See above discussion.
Indicator Three:	Reports developed for MHSB and the programs.
Measure:	Developed reports
Source of Information:	Reports
Significance:	The reports will help the mental health system keep outcomes in the fore front.
Result:	Goal not attained.
Accomplishments:	Programs began submitting July 1, 2007. Some of the reports have been developed but not completed.
Goal Seven:	**Collect data from the mental health centers for performance measures.**
Indicator One:	75% of data fields completed in performance data submissions by providers.
Measure:	Data fields completed and accurate.

Significance: With more accurate and complete data we can better measure the effectiveness of the mental health system.

Result: Goal attained

Accomplishments: Programs submitting the performance measures. The data managers and the quality assurance manager are meeting quarterly to discuss issues in transmission of data.

Indicator Two: Develop benchmarks for improved completion of data fields.

Measure: Baseline for benchmarks developed.

Significance: With more accurate and complete data we can better measure the effectiveness of the mental health system.

Result: Goal attained.

Accomplishments: See discussion above.

Goal Eight: Allocate Community Mental Health Block Grant for persons with severe disabling mental illness.

Indicator One: Block Grant funds of $1,236,408 will be included in the contracts for services to adults eligible for the Mental Health Services Plan in FY 2007, if HIFA waiver is not approved.

Result: Goal attained

Special Issues: HIFA waiver not approved. It is still being reviewed by CMS.

Accomplishments:

Funds (FY 2007)	MHSP	Block Grant	Pharmacy
Eastern Montana MHC	461,544	159,854	6,829
Center for Mental Health MHC	722,876	258,225	16,608
South Central MHC	747,801	269,365	17,543

Western Montana MHC	1,500,925	541,044	34,020
TOTAL	3,433,146	1,228,429	75,000

Below are the services funded through block grant funds and general funds which is the Mental Health Services Plan (MHSP). The Medicaid funded services are included in the second chart.

Mental Health Services Plan Recipients by Service

Services	FY 06 Individuals	FY 07 Individuals*	FY 06 Net Payments	FY 07 Net Payments*
Community Mental Health	805	659	$2,289674	$1,690,738
Licensed Professional Counselor	2594	1885	$ 618,190	$ 390,805
Mid-Level Practitioners	295	441	$ 48,932	$ 74,665
Psychiatrists	1938	1547	$ 788,691	$ 501,954
Psychologists	183	91	$ 43,762	$ 14,540
Social Workers	1796	1462	$ 656,644	$ 287,550
Targeted Case Management	2657	2228	$3,388,607	$1,873,277
Pharmacy Program	3473	3037	$3,068,269	$2,721,478
Total	13741	11350	*$10,902,769.00*	*$7,555,008.00*

Pharmacy program recipient and costs are based on actual paid claims.

Other service cost and recipient counts are based on encounter data.

Medicaid Mental Health Services by Services and Paid Claims

Services	FY 06 Individuals	FY 07 Individuals*	FY 06 Net Payments	FY 07 Net Payments*
Community Mental Centers	1984	1864	$14,573,726	$13,390,748
Inpatient Hospital	681	734	$14,551,054	$4,959,000
Licensed Professional	3481	3205	$1,231,896	$1,068,647

Counselors				
Physicians	5893	5174	$503,573	$472,753
Psychiatrists	4155	3716	$1,527,152	$1,321,750
Psychologists	941	798	$252,452	$225,860
Social Workers	2152	1885	$616,445	$477,192
Lab and x-ray	429	361	$29,943	$27,273
Personal Care	247	245	$1,301,284	$1,276,880
Federally Qualified Health Centers	1262	1136	$260,321	$248,477
Rural Health Clinics	772	691	$152,172	$148,567
Mid-Level Practitioners	2516	2225	$315,997	$245,981
Targeted Case Management	3701	3446	$9,576,179	$8,446,088
Outpatient Hospital	2618	2577	$2,222,747	$2,358,846
TOTAL	13,554	13,150	*$47,114,941.00*	*$34,668,062.00*

Source: ACS 701Reports and ACS Query Path Decision Support Software

* Information is not complete. Information is through July 15, 2007. Providers have 365 days to file a claim.

Indicator Two: If waiver approved in FY 2007, $96,408 will be included in the contracts for services to adults eligible for the Mental Health Services Plan. The remaining, $240,000, will be made available to SAAs. Each SAA will develop a proposal for $80,000 to meet identified needs.

Result: Goal not attained

Special Issues: HIFA waiver not approved at this time.